



A.S.K.

After-School Kare  
Mascoutah Elementary School

Please include a \$20.00 registration fee for each child.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Local Emergency Contacts or Pick-Ups:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Notes or Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you or an emergency contact are unable to be reached and in the judgment of the program director, medical attention is needed, your child will be accompanied to the hospital.

Schedule: \_\_\_\_\_ 2:30 - 3:30 (3:30 Bus # \_\_\_\_\_) M T W Th F (circle days)

\_\_\_\_\_ 2:30/3:30 - 6:00 M T W Th F (circle days)

\_\_\_\_\_ Schedule will vary (Please provide schedule weekly.)

Starting Date: \_\_\_\_\_

I have received a copy of the A.S.K. Guidelines and agree to the terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

